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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL. FEE RECEIVED	ATTY/DOCKET NO	TOT CLAIMS	IND CLAIMS
10/566,666	01/27/2006	2624	1200	1141/75776	20	2

CONFIRMATION NO. 5938

23432  
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NEW YORK, NY 10112

CORRECTED FILING RECEIPT



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Date Mailed: 01/10/2011

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please submit a written request for a Filing Receipt Correction. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections

**Applicant(s)**

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**Assignment For Published Patent Application**

HITACHI MEDICAL CORPORATION, Tokyo, JAPAN

**Power of Attorney:** The patent practitioners associated with Customer Number 23432**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/JP04/10835 07/29/2004

**Foreign Applications**

JAPAN 2003-284919 08/01/2003  
JAPAN 2003-313424 09/05/2003  
JAPAN 2004-117734 04/13/2004

**If Required, Foreign Filing License Granted: 09/07/2006**

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 10/566,666**

**Projected Publication Date:** Not Applicable**Non-Publication Request:** No**Early Publication Request:** No

**Title**

MEDICAL IMAGE DIAGNOSIS SUPPORT DEVICE AND METHOD FOR CALCULATING DEGREE OF DEFORMATION FROM NORMAL SHAPES OF ORGAN REGIONS

**Preliminary Class**

382

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